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Bib Data Sheet

CONFIRMATION NO. 7955

|                             |  |              |                        |   |
|-----------------------------|--|--------------|------------------------|---|
| SERIAL NUMBER<br>10/541,887 | FILING OR 371(c)<br>DATE<br>01/09/2006<br>RULE | CLASS<br>524 | GROUP ART UNIT<br>1714 | ATTORNEY<br>DOCKET NO.<br>102792-459<br>(11166P1) |
|-----------------------------|--|--------------|------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/GB04/00067 01/12/2004

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

UNITED KINGDOM 0300641.8 01/11/2003

|                                 |  |                                    |                        |                    |                         |
|---------------------------------|--|------------------------------------|------------------------|--------------------|-------------------------|
| Foreign Priority claimed        | <input type="checkbox"/> yes <input type="checkbox"/> no   | STATE OR COUNTRY<br>UNITED KINGDOM | SHEETS<br>DRAWING<br>2 | TOTAL CLAIMS<br>15 | INDEPENDENT CLAIMS<br>1 |
| 35 USC 119 (a-d) conditions met | <input type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance |                                    |                        |                    |                         |
| Verified and Acknowledged       | Examiner's Signature   | Initials                           |                        |                    |                         |

**ADDRESS**

27389

**TITLE**

Air freshening device

|                             |   |   |
|-----------------------------|---|---|
| FILING FEE RECEIVED<br>1030 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |
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